

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::**

Utility

**Subject Matter::**

Regular

**Title::**

Shielded Transport for Multiple Brachytherapy  
Implants with Integrated Measuring and Cutting  
Board

**Attorney Docket Number::**

WORLD-01011US0

**Request for Early Publication?::**

No

**Request for Non-Publication?::**

No

**Suggested Drawing Figure::**

1

**Total Drawing Sheets::**

12

**Small Entity?::**

Yes

**Applicant Information**

**Applicant Authority Type::**

Inventor

**Primary Citizenship Country::**

United States

**Status::**

Full Capacity

**Given Name::**

Richard

**Middle Name::**

A.

**Family Name::**

Terwilliger

**Name Suffix::**

**City of Residence::**

Southbury

**State or Province of Residence::**

Connecticut

**Country of Residence::**

United States

**Street of mailing address::**

604 Old Field Road

<b>City of mailing address::</b>	Southbury
<b>State or Province of mailing address::</b>	Connecticut
<b>Country of mailing address::</b>	United States
<b>Postal or Zip Code of mailing address::</b>	06488
<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	United States
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Gary
<b>Middle Name::</b>	A.
<b>Family Name::</b>	Lamoureux
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Woodbury
<b>State or Province of Residence::</b>	Connecticut
<b>Country of Residence::</b>	United States
<b>Street of mailing address::</b>	373 Old Sherman Hill Road
<b>City of mailing address::</b>	Woodbury
<b>State or Province of mailing address::</b>	Connecticut
<b>Country of mailing address::</b>	United States
<b>Postal or Zip Code of mailing address::</b>	06798

### **Correspondence Information**

<b>Correspondence Customer Number::</b>	23910
<b>Phone number::</b>	(415) 362-3800
<b>Fax Number::</b>	(415) 362-2928
<b>Email address::</b>	Jkwok@fdml.com

### **Representative Information**

**Representative Customer Number::** 23910

### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

### **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### **Assignee Information**

**Assignee Name::** World Wide Medical Technologies  
**Street of mailing address::** 426 Main Street North  
**City of mailing address::** Woodbury  
**State or Province of mailing address::** Connecticut  
**Country of mailing address::** United States  
**Postal or Zip Code of mailing address::** 06798